MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

14468

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Madison
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: "Aboard ship"

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 212 Henry Street

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) A. (Last) AIREY

4. DATE OF DEATH: (Month) DEC (Day) 15 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-6-1887

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Fishing Indust.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Airey

14. MOTHER'S MAIDEN NAME: Agnes Horner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown

16. SOCIAL SECURITY NO.: 219-14-2544

17. INFORMANT AND ADDRESS: Mrs. Naomi Airey: Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 5 Min.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John Mace Jr. (Degree or title) ADDRESS: Medical Examiner Dorchester Co., Cambridge, Md. DATE SIGNED: 12-18

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12-18-1952 — NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park: — LOCATION (City, town, or county) (State): Cambridge, Md.

DATE REC'D BY LOCAL REG. 12-23-52 — REGISTRAR'S SIGNATURE: John Mace Jr. MD

24. FUNERAL DIRECTOR: LeCompte Funeral Service — ADDRESS: Cambridge, Maryland

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AI

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14469

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas — (Middle) Hicks — (Last) Andrews

4. DATE OF DEATH: (Month) 12 — (Day) 10 — (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 6/3/896

9. AGE last birthday: 56 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming Retired

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Andrews

14. MOTHER'S MAIDEN NAME: Gertrude Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Victoria Hurley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Infarcts — 1/2 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular renal disease — 1 yr.+

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity, mild

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-26, 1952, to 12-10, 1952, that I last saw the deceased alive on 12-9, 1952, and that death occurred at 4:07 A.m., from the causes and on the date stated above.

SIGNATURE: Eldridge H. Wolff Md (Degree or title) — ADDRESS: Cambridge, Maryland — DATE SIGNED: 12-11-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/13/52 — NAME OF CEMETERY OR CREMATORY: Family Cemetery — LOCATION (City, town, or county) (State): East New Market, Dor. Md.

DATE REC'D BY LOCAL REG.: 12-11-52 — REGISTRAR'S SIGNATURE: Johan Nauze MD

24. FUNERAL DIRECTOR — ADDRESS: P.B. Willoughby East New Market.

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Item #3, Film G149
12/15/52, mnb

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

14470

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (In this place): 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ross Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 302 Henry Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Andrews

4. DATE OF DEATH: (Month) Dec (Day) 7, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Jan 12, 1910 (911)

9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver, laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wilmington, Del

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Frank Andrews

14. MOTHER'S MAIDEN NAME: Anna Tyson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Martin Andrews, Henry St., Camb. Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Subdural hemorrhage	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple fractures of skull	?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral concussion	?

E 913

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street
(CITY OR TOWN): Cambridge (COUNTY): Dor. (STATE): Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY: Dec. 7-'52 1a m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit on head by rock.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE: John Mace Jr. M.D. (Degree or title): Medical Examiner Dorchester county
ADDRESS: Cambridge, Md.
DATE SIGNED: 12/10/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 10, 1952
NAME OF CEMETERY OR CREMATORY: Dorchester Mem. Park
LOCATION (City, town, or county) (State): Cambridge, Md.

DATE REC'D BY LOCAL REG.: 12-9-52
REGISTRAR'S SIGNATURE: John Mace Jr. M.D.

24. FUNERAL DIRECTOR: Kenneth R. Thomas, Cambridge, Md.
ADDRESS:

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14471

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cambridge
LENGTH OF STAY (in this place) 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mrs. Mattie Merrick's Home for the aged

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) Appleby Ave.

3. NAME OF DECEASED: (Type or Print) (First) Junius (Middle) (Last) Baker

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 9, 1952 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 27, 1867

9. AGE last birthday: 85 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): retired waterman

10b. KIND OF BUSINESS OR INDUSTRY: Tonging of oysters

11. BIRTHPLACE (State or foreign country): Dor. Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. H. Baker

14. MOTHER'S MAIDEN NAME: Mary Vickers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Russell Baker, Cambridge Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 7 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Starvation — about 7 days

DUE TO (c) Arterio-sclerosis, gen. disease — ?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1950, to Dec ..., 1952 that I last saw the deceased alive on Dec 9, 1952, and that death occurred at 10:00 A.M. from the causes and on the date stated above.

SIGNATURE Kenneth R. Thomas (Degree or title) M.D. ADDRESS Cambridge Md DATE SIGNED Dec. 10, 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec. 11, 1952 NAME OF CEMETERY OR CREMATORY Cambridge Cemetery LOCATION (City, town, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REGISTRAR 12-11-52 REGISTRAR'S SIGNATURE John Macey Jr MD

24. FUNERAL DIRECTOR ADDRESS Kenneth R. Thomas, Cambridge, Md.

VS. A15

RECEIVED
DEC 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14472

CERTIFICATE OF DEATH

Reg. Dist. No. 1 (d

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock; STATE MARYLAND; LENGTH OF STAY (in this place) Always; HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock; STREET ADDRESS (If rural, give location) Academy

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Martha (Last) Bespitch

4. DATE OF DEATH: (Month) 12 (Day) 19 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 12/17/1864

9. AGE last birthday: 88 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework at home

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Harvey

14. MOTHER'S MAIDEN NAME: Susan McBride

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Miss Cora Bespitch, Hurlock Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Failure — Interval Between Onset and Death: 2 MO

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis from age.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1930, to 12/17, 1952, that I last saw the deceased alive on 12/17, 1952, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE: W. L. Lemmon (Degree or title) M.D. ADDRESS: Federalsburg Md. DATE SIGNED: 12/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/21/1952

NAME OF CEMETERY OR CREMATORY: Washington

LOCATION (City, town, or county) (State): Hurlock Md.

DATE REC'D BY LOCAL REG.: Dec 21-1952

REGISTRAR'S SIGNATURE: Charles Hastings

24. FUNERAL DIRECTOR: H. B. Kellum & Son ADDRESS: East Nod Market

VS. A1

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14473

CERTIFICATE OF DEATH

Reg. Dist. No. . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) Since 6/18/47
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
STREET ADDRESS (If rural give location) R. F. D. # 2

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) THOMAS (Last) BOUNDS

4. DATE OF DEATH: (Month) December (Day) 28 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [redacted]

8. DATE OF BIRTH: August 15, 1876

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Bounds

14. MOTHER'S MAIDEN NAME: Miranda Culver

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Eastern Shore State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Coronary Thrombosis — 20 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic cardio-vascular disease — 5 yrs. plus

DUE TO (c) Generalized arteriosclerosis — 5 yrs. plus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Psychosis with Cerebral Arteriosclerosis — 5 yrs. plus

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1951, to 12/28, 1952, that I last saw the deceased alive on 12/28, 1952, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE Robert H. Reddick — (Degree or title) M. D. — ADDRESS State Hospital Cambridge Maryland — DATE SIGNED 12/28/52

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial — DATE THEREOF 12/31/52 — NAME OF CEMETERY OR CREMATORY Asbury Cemetery — LOCATION (City, town, or county) Asbury — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1-1-53 — REGISTRAR'S SIGNATURE John Mead M D

24. FUNERAL DIRECTOR — ADDRESS The Ellis & Johnson Co. Eldridge C. Ellis

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11474

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY in this place 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenburn Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govanstown Baltimore
STREET ADDRESS (If rural, give location) 3236 Keswick Ave.

3. NAME OF DECEASED (Type or Print): (First) Cezina (Middle) — (Last) Glubitz
4. DATE OF DEATH: (Month) 12 (Day) 9 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid
8. DATE OF BIRTH: May 7 1888
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: (Own Home)
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Sunnderman
14. MOTHER'S MAIDEN NAME: Katherine Appestead
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Ida Steinmetz Cater

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) AMYOTROPHIC LATERAL SCLEROSIS — 2 YEARS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 MAR 1952 to 8 DEC 1952, that I last saw the deceased alive on 8 Dec 1952, and that death occurred at 5:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Walter E. Hurley M.D. Cambridge Md. 11 Dec 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/12/52
NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
LOCATION (City, town, or county): Baltimore (State): Md.

DATE REC'D BY LOCAL REG.: 12-11-52
REGISTRAR'S SIGNATURE: John Meeks MD
24. FUNERAL DIRECTOR: H. B. Willoughby Sr. ADDRESS: East New Market Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

11475

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Dorchester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hurlock
LENGTH OF STAY (in this place): 32 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harrison Ferry Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hurlock
STREET ADDRESS (If rural give location): Harrison Ferry Road

3. NAME OF DECEASED: (First) Charles (Middle) L. (Last) Conaway

4. DATE OF DEATH: (Month) December (Day) 16 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 22, 1909

9. AGE last birthday: 43 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Preston, Maryland, R.F.D.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Conaway

14. MOTHER'S MAIDEN NAME: Lettie Jones

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Lillian Conaway, Hurlock, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculosis, ulcerative — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) & Pneumonia — DUE TO (c)

Interval Between Onset And Death: 2 mos

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1952 to Dec 16, 1952 that I last saw the deceased alive on Dec 16, 1952, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James A Monahan M.D. — ADDRESS: Cambridge, Md — DATE SIGNED: Dec 18 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 19, 1952
NAME OF CEMETERY OR CREMATORY: Thompsontown Cemetery
LOCATION (City, town, or county) (State): Near East New Market, Md.

DATE REC'D BY LOCAL REGISTRAR: Dec 19-1952
REGISTRAR'S SIGNATURE: Chas W Hastings

24. FUNERAL DIRECTOR: J. J. Framptom and Son — ADDRESS: Federalsburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

14476

Reg. Dist. No. 11-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Dorchester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Aireys
LENGTH OF STAY (in this place): 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge RFD 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aireys
STREET ADDRESS (If rural give location): Cambridge RFD 2

3. NAME OF DECEASED: (Type or Print) (First) NORMAN (Middle) HOLLIDAY (Last) CORKRAN

4. DATE OF DEATH: (Month) DEC (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-4-1879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own General Farm

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eugene M. Corkran

14. MOTHER'S MAIDEN NAME: Elizabeth Parrott

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: not known

17. INFORMANT & ADDRESS: Mrs. Hollie Corkran: Aireys, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage recurrent — Interval Between Onset And Death: 1 hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis
DUE TO (c) Hypertension

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15 ..., 1952, to 12/27 ..., 1952, that I last saw the deceased alive on 12/27 1952, and that death occurred at 3:40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): W. J. Brooks M.D. — ADDRESS: Cambridge Md. — DATE SIGNED: 12/31/52

BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-29-1952 — NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE: 12-31-52 John Macey Jr. M.D. — 24. FUNERAL DIRECTOR: LeCompte Funeral Service — ADDRESS: Cambridge, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

14477

Reg. Dist. No. 11-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
MARYLAND LENGTH OF STAY (In this place): since 10/1/1951
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rising Sun
STREET ADDRESS (If rural give location): R.F.D. # 2

3. NAME OF DECEASED: (First) Joseph (Middle) James (Last) Devine
4. DATE OF DEATH: (Month) December (Day) 22 (Year) 19 52
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 15, 1869
9. AGE Last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Alexander Devine
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.1 Immediate cause	(a) Chronic Myocarditis	3 yrs.plus
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Generalized Arteriosclerosis	3 yrs.plus
	DUE TO (c) Senility	3 yrs.plus

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Cerebral Arteriosclerosis — 15 months

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1951, to 12/22, 19 52, that I last saw the deceased alive on 12/22 19.52, and that death occurred at 7:00P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert H. Reddick M.D. — ADDRESS: State Hospital, Cambridge, Md. — DATE SIGNED: 12/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 27 1952 — NAME OF CEMETERY OR CREMATORY: West Hollingsworth — LOCATION (City, town, or county) (State): Colora Cecil Md.

DATE REC'D BY LOCAL REGISTRAR: 12-26-52 — REGISTRAR'S SIGNATURE: John Mace Jr. M.D. — 24. FUNERAL DIRECTOR: J. Earl Tyson — ADDRESS: Rising Sun Md.

VS. A15

RECEIVED
DEC 29 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14478

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (in this place): entire life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Dor,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural give location): 306 Henry Street

3. NAME OF DECEASED: (First) Bertie (Middle) Hughlett (Last) Dodson
4. DATE OF DEATH: (Month) (Day) (Year) Dec. 19, 1952 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 28, 1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cambridge
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Lyons
14. MOTHER'S MAIDEN NAME: Nancy Isles

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Joseph R. Dodson, 306 Henry St., Camb.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

330X

Immediate cause (a) Subarachnoid Hemorrhage — Interval Between Onset And Death: 3 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Essential Hypertension — ?
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16, 1952, to 12/19, 1952, that I last saw the deceased alive on 12/19, 1952, and that death occurred at 5:30 A.M. from the causes and on the date stated above.

SIGNATURE: George L. Barton, Jr. (Degree or title) M.D. ADDRESS: Cambridge Md. DATE SIGNED: 12/19/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 21, 1952
NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery
LOCATION (City, town, or county) (State): Cambridge, Md.

DATE REC'D BY LOCAL REGISTRAR: 12-22-52
REGISTRAR'S SIGNATURE: John Mace Jr MD
24. FUNERAL DIRECTOR ADDRESS: Kenneth R. Thomas, Cambridge, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

14479

Reg. Dist. No. 11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phillips Fairmount Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Tennessee — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ripley
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) McKinley (Middle) (Last) Driver

4. DATE OF DEATH: (Month) December (Day) 15 (Year) 1952

5. SEX: Male — 6. COLOR OR RACE: [illegible] — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH: [illegible] — 9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Food Packing
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Subdural hemorrhage — ?

936.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) Cambridge (COUNTY) Dor. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) unknown m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Died after fight with unknown person

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Mace Jr. (Degree or title) Medical Examiner Dorchester Co. ADDRESS Cambridge, Md. DATE SIGNED 12-23-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-24-52 — NAME OF CEMETERY OR CREMATORY Cemetery — LOCATION (City, town, or county) Ripley (State) Tenn.

DATE REC'D BY LOCAL REG. 12-2[illegible]-52 — REGISTRAR'S SIGNATURE John Mace, Jr., M. D.

24. FUNERAL DIRECTOR Lewis H. Baynum — ADDRESS Cambridge, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14480

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 225 Cedar Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Dor
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural give location) 225 Cedar Street

3. NAME OF DECEASED: (Type or Print) (First) ELSIE (Middle) WARD (Last) MATTHEWS ELZEY

4. DATE OF DEATH: (Month) Dec. (Day) 13, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb. 17, 1898

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months 9 Days 16 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Beautician

10b. KIND OF BUSINESS OR INDUSTRY: Beauty Culture

11. BIRTHPLACE (State or foreign country): Dorchester County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas H. Ward

14. MOTHER'S MAIDEN NAME: Sudia Jackson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Sudia Green, Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

356.0

Immediate cause (a) Progressive muscular atrophy involving

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO muscles of shoulder girdle & extrinsic

(b) respiratory muscles. (etiology undetermined)

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis arrested.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1952, to Dec.13, 1952, that I last saw the deceased alive on Dec.13, 1952, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Edwin Harold M.D. ADDRESS Cambridge, Maryland DATE SIGNED 12/16/1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec.16,1952

NAME OF CEMETERY OR CREMATORY Waugh Cemetery

LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-16-52

REGISTRAR'S SIGNATURE John MacLeod M.D.

24. FUNERAL DIRECTOR ADDRESS Herbert M.St.Clair,Jr., Cambridge, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11481 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Maryland Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Tal.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trappe (Rural)
STREET ADDRESS (If rural give location): R. F. D. #2

3. NAME OF DECEASED: (First) Anniel (Middle) Lee Mc (Last) Daniel Fisher

4. DATE OF DEATH: (Month) Dec. (Day) 4 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Aug. 1, 1892

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months 4 Days 3 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Food Factory

11. BIRTHPLACE (State or foreign country): Trappe, Talbot Co., Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Fisher

14. MOTHER'S MAIDEN NAME: Mollie Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-02-0001

17. INFORMANT & ADDRESS: Flossie Cooper, Easton, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) DUE TO: Hypertensive Cardiovascular Disease — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO:
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 1952, to 12-4, 1952, that I last saw the deceased alive on 12-4, 1952, and that death occurred at 10:30 PM, from the causes and on the date stated above.

SIGNATURE: S. E. Bradley — (Degree or title): MD — ADDRESS: 232 Locust St. Camb. Md. — DATE SIGNED: 12-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 8, 1952 — NAME OF CEMETERY OR CREMATORY: Trappe, Maryland — LOCATION (City, town, or county) (State): Trappe, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12-8-52 — REGISTRAR'S SIGNATURE: John Mace Jr MD

24. FUNERAL DIRECTOR: Herbert W. St. Clair, Jr., Cambridge, Md — ADDRESS

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1

CERTIFICATE OF DEATH

14482

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 52 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 133 Mill Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 133 Mill Street

3. NAME OF DECEASED: (Type or Print) (First) DELLA (Middle) W. (Last) GOCTEE

4. DATE OF DEATH: (Month) DEC (Day) 28 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-11-1874

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Wroten Island, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Wroten

14. MOTHER'S MAIDEN NAME: Clemintine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Calvin Dean; Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Congestive Heart Failure	3 days.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO arterioselerotic Cardio vascular	
	(c) DUE TO Renal disease	2 yrs +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia Left Sd Senile Mental Changes — 2 yrs +

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

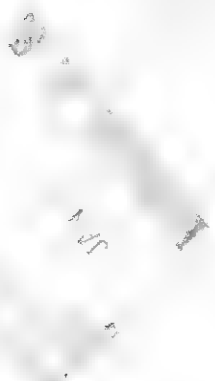
22. I hereby certify that I attended the deceased from 9-29 ,1952, to 12-28 ,1952, that I last saw the deceased alive on 12-28 ,1952, and that death occurred at 11:20 P.M., from the causes and on the date stated above.

SIGNATURE Eldridge Hurlock M.D. (Degree or title) ADDRESS Cambridge Md. DATE SIGNED 12-24-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-30-1952
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) (State) Cambridge, Laryland

DATE REC'D BY LOCAL REGISTRAR 1-13-53
REGISTRAR'S SIGNATURE John Mace Jr. MD

24. FUNERAL DIRECTOR ADDRESS Lecompte Funeral Service Cambridge, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14483

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 31 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 526 Oakley St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 526 Oakley St.

3. NAME OF DECEASED: (Type or Print) (First) Miriam (Middle) Bertha (Last) Gardner

4. DATE OF DEATH: (Month) Dec (Day) 8 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Apr 9, 1878

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Westdale Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Fletcher

14. MOTHER'S MAIDEN NAME: Mary -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Sheldon Gardner 526 Oakley St City.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) DUE TO Arteriosclerotic Heart Disease — Interval Between Onset And Death 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Generalized Arteriosclerosis — years.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

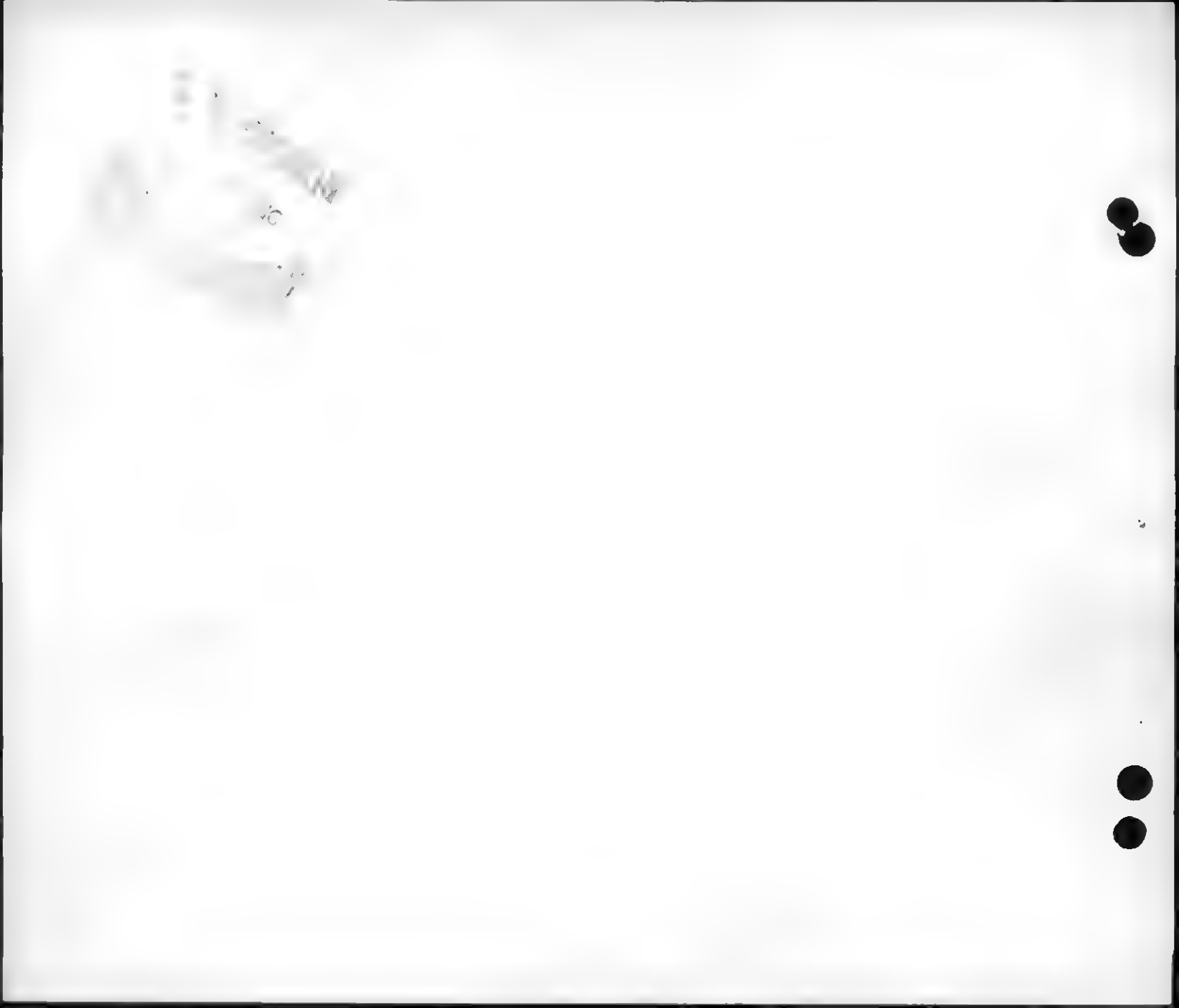
22. I hereby certify that I attended the deceased from August, 1952 to December, 1952, that I last saw the deceased alive on 12/6, 1952, and that death occurred at 8:25 A.M. from the causes and on the date stated above.

SIGNATURE Mayo Hunter Jr. (Degree or title) M.D. ADDRESS Cambridge, Md. DATE SIGNED 12/9/52

23. BURIAL, CREMATION, REMOVAL (Specify) Private — DATE THEREOF 12-11-52 — NAME OF CEMETERY OR CREMATORY Dorchester Mem Park — LOCATION (City, town, or county) Cambridge (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-11-52 — REGISTRAR'S SIGNATURE John Mace Jr MD

24. FUNERAL DIRECTOR Kenneth R. Thomas ADDRESS Cambridge



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14484 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Dorchester — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cambridge
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Dor.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cambridge
STREET ADDRESS (If rural give location): 23 Wells Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) HENRY (Last) HATTON

4. DATE OF DEATH: (Month) Dec (Day) 25 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 5, 1912

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR: Months 6 Days 20 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Food Factory

11. BIRTHPLACE (State or foreign country): Crattesville, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Hatton, Sr

14. MOTHER'S MAIDEN NAME: Lottie Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-07-9428

17. INFORMANT & ADDRESS: Mrs Marion Hatton, Cambridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval Between Onset And Death: 1 month

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary Thrombosis — 1 month

DUE TO

(c) Luetic cardiovascular disease

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Sept, 1952, to 25 Dec, 1952, that I last saw the deceased alive on 25 Dec., 1952 and that death occurred at 12:55 P.M., from the causes and on the date stated above.

SIGNATURE Edwin Fussell M.D. ADDRESS 227 Pine St. Cambridge Md. DATE SIGNED 27 Dec 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/30/1952

NAME OF CEMETERY OR CREMATORY: Waugh Cemetery

LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE RECD BY LOCAL REGISTRAR: 12-31-52

REGISTRAR'S SIGNATURE: John Mace Jr. MD

24. FUNERAL DIRECTOR: Herbert M. St. Clair, Jr., Cambridge, Md.

ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

14485

Reg. Dist. No. 12

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Oakley St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) 218 North Blvd. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Louis	Otto	Weintzelman	Dec. 12 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Oct. 2, 01	51 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Music Teacher	Music	Salisbury, New York	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
—	—	[illegible]	Mrs. L. [illegible] Weintzelman, (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary occlusion	1 Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

42

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John Mace	M.D. Medical Examiner Dorchester Co.	Cambridge, Md.	12/13/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-14-52	Parsons Cemetery	Salisbury, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-13-52	John Mace M.D.	Holloway & Co.	Salisbury, Md.

VS-15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14486 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cambridge
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 14 School House Lane

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Saunders (Last) Henderson

4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 2, 1892

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months 2 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester County, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Saunders

14. MOTHER'S MAIDEN NAME: Rebecca Pinkett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: George Saunders, Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 3 days

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1-, 1952, to 12-3, 1952, that I last saw the deceased alive on 12-3-, 1952, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE L. E. Bradley (Degree or title) MD ADDRESS 832 Glen St. Cby. Md. DATE SIGNED 12-6-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec. 7, 1952 NAME OF CEMETERY OR CREMATORY Waugh Cemetery LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-7-52 REGISTRAR'S SIGNATURE John Mace Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS Herbert M. St. Clair, Jr., Cambridge, Md

VS. A15

BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14487

CERTIFICATE OF DEATH

Reg. Dist. No. 04

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna – Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vienna–Cambridge Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna – Rural
STREET ADDRESS (If rural give location) Vienna–Cambridge Road

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Harrison (Last) Hopkins

4. DATE OF DEATH: (Month) December (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 26, 1880

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Hopkins

14. MOTHER'S MAIDEN NAME: Elizabeth Banks

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Elizabeth Hopkins, Vienna, Maryland, R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary Heart Disease — Interval Between Onset And Death: Yrs.
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/26, 1952, to 12/27, 1952, that I last saw the deceased alive on 12/26, 1952, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

SIGNATURE Lawrence Maryanov (Degree or title) M.D ADDRESS Cambridge, Md DATE SIGNED 12/29/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec. 30, 1952 — NAME OF CEMETERY OR CREMATORY Salem Cemetery — LOCATION (City, town, or county) (State) Salem, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-29-52 — REGISTRAR'S SIGNATURE Elsie Croft CMC

24. FUNERAL DIRECTOR ADDRESS J.J. Framptom and Son, Federalsburg, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11488

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Trenton St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 213 Byrn St.

3. NAME OF DECEASED (Type or Print): (First) Earl (Middle) (Last) Hoyle

4. DATE OF DEATH: (Month) Dec. (Day) 12. (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH

9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): truck driver

10b. KIND OF BUSINESS OR INDUSTRY: Sand & Gravel

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 278-30-2703

17. INFORMANT AND ADDRESS: Records Elzey & James Cambridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John Mace Jr. M. D. — (Degree or title) Dorchester County Medical Examiner — ADDRESS Cambridge, Md. — DATE SIGNED 1-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 1-15-53 — NAME OF CEMETERY OR CREMATORY: Spruce Pine Cemetery — LOCATION (City, town, or county) (State): Spruce Pine, N. Carolina

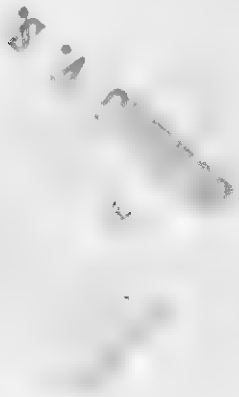
DATE REC'D BY LOCAL REG. 1-15-53 — REGISTRAR'S SIGNATURE John Mace Jr. MD

24. FUNERAL DIRECTOR — ADDRESS: LeCompte Funeral Service, Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11189 (4102)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Zion

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg- Rural
STREET ADDRESS (If rural, give location): Near Zion

3. NAME OF DECEASED: (Type or Print) (First) Fred (Middle) James (Last) Hubbert

4. DATE OF DEATH: (Month) December (Day) 17 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	May 10,1901	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm Owner	Dorchester County, Maryland	U.S.A.

13. FATHER'S NAME: Joseph H. Hubbert

14. MOTHER'S MAIDEN NAME: Vértie Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		None	Mrs. Fred J. Hubbert, Federalsburg, Md. R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Coronary Heart Disease	2 yrs.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 1950, 19..., to 12/17, 1952 that I last saw the deceased alive on 12/17, 1952, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE Frank M. Anderson (DEGREE OR TITLE) M.D. ADDRESS Federalsburg Md. DATE SIGNED 12/19/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 20, 1952	Hill Crest Cemetery	Federalsburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Dec 20-52	Chas W Hastings	J.J. Framptom and Son, Federalsburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11490

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural give location): 58 Bayley Road

3. NAME OF DECEASED: (Type or Print) (First) FRED (Middle) E. (Last) KIMMEY

4. DATE OF DEATH: (Month) DEC (Day) 16 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-27-1891

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Produce Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Kimmey

14. MOTHER'S MAIDEN NAME: Sarah Kimmey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Donald Kimmey: Cambridge, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

4301 Immediate cause — (a) Coronary Thrombosis, acute — 12 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arterio-sclerotic C.V.D. — ?

DUE TO (c) Hypertension C.V.D. Congestive failure ? 1 mo

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intestinal obstruction strategy unknown — 10 days

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 1952, to Dec 16, 1952 that I last saw the deceased alive on Dec 16, 1952 and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): James A. Thompson M.D. — ADDRESS: Cambridge, Md. — DATE SIGNED: Dec 23 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-19-1952 — NAME OF CEMETERY OR CREMATORY: East New Market Cemt. — LOCATION (City, town, or county) (State): East New Market, Md.

DATE REC'D BY LOCAL REGISTRAR: 12-23-52 — REGISTRAR'S SIGNATURE: John Mace Jr. MD

24. FUNERAL DIRECTOR — ADDRESS: LeCompte Funeral Service, Cambridge, Maryland

VS. A15

RECEIVED
DEC

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): entire life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 509 Race Street

3. NAME OF DECEASED (Type or Print): (First) Ray (Middle) Wesley (Last) Langrall
4. DATE OF DEATH: (Month) Dec. (Day) 19 (Year) 52
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Dec. 26, 1903
9. AGE last birthday: 48 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Delliveryman on Bakery Truck
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cambridge, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A
13. FATHER'S NAME: Levin I. Langrall
14. MOTHER'S MAIDEN NAME: Katy Mae Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 214-07-9671
17. INFORMANT AND ADDRESS: Mr. Ray Langrall, Cambridge, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cardio vascular disease	
	(c)	

42.1 (1221)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Chronic alcoholism

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John Mace Jr. (Degree or title) M.D. ADDRESS: Dorchester County Medical Examiner Cambridge, Md. DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Dec. 21, 1952
NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park
LOCATION (City, town, or county) (State): Cambridge, Md.
DATE REC'D BY LOCAL REG.: 1-16-53
REGISTRAR'S SIGNATURE: John Mace, Jr., M. D.
24. FUNERAL DIRECTOR ADDRESS: Kenneth T. Thomas, Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 15044

CERTIFICATE OF DEATH

Reg. Dist. No. 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 212 Choptank Avenue

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) ANN (Last) LEE
4. DATE OF DEATH: (Month) DEC (Day) 23 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 7-18-52
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 5 Days | IF UNDER 24 HRS. Hours | Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frank A. Lee
14. MOTHER'S MAIDEN NAME: Emma J. Medford
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Frank Lee: Cambridge, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 30 HOURS

Immediate cause (a) GASTRO-ENTERITIS
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)
571.0

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 OCT, 1952, to 23 DEC, 1952, that I last saw the deceased alive on 23 DEC 1952, and that death occurred at 11:55 PM, from the causes and on the date stated above.

SIGNATURE Walter E. Hurley Jr. M.D. (Degree or title) ADDRESS Cambridge Md. DATE SIGNED 26 DEC 52

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 12-24-1952
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park:
LOCATION (City, town, or county) (State) Cambridge, Maryland
DATE REC'D BY LOCAL REGISTRAR 1-21-53
REGISTRAR'S SIGNATURE John T. Pauza M.D.
24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

207228405

VS. A15

Item 18 Film G149 1-5-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14492

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Dorchester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rhodesdale - Rural
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eldorado

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rhodesdale - Rural
STREET ADDRESS (If rural give location): Eldorado

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Henry (Last) Lord

4. DATE OF DEATH: (Month) December (Day) 5 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 29, 1885

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Public School

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Lord

14. MOTHER'S MAIDEN NAME: Mary Stokes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Celia E. Lord, Rhodesdale, Md.,R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

571.1

Immediate cause (a) DUE TO: Rheumatoid Arthritis Diarrhea — Interval Between Onset And Death: 24 Hours / week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO:
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Rheumatoid Arthritis — Week 15yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1952, to Dec 5, 1952, that I last saw the deceased alive on Dec 3, 1952, and that death occurred at 11 p.m., from the causes and on the date stated above.

SIGNATURE: H.S. Kuhlman (Degree or title) M.D. ADDRESS: Preston Md. DATE SIGNED: 12/7/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 8,1952 — NAME OF CEMETERY OR CREMATORY: Eldorado Cemetery — LOCATION (City, town, or county) (State): Eldorado, Maryland

DATE REC'D BY LOCAL REGISTRAR: Dec 8 1952 — REGISTRAR'S SIGNATURE: Chas O Hastings

24. FUNERAL DIRECTOR: J. J. Framptom and Son — ADDRESS: Federalsburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11493

Reg. Dist. No. 11C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (Inside Place) 11/19/52; HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) SLEEPER (Last) LUDLAM

4. DATE OF DEATH: (Month) 12 (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated

8. DATE OF BIRTH: 3/5/1867

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Fisherman

10b. KIND OF BUSINESS OR INDUSTRY: Fishing

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Christopher Ludlam

14. MOTHER'S MAIDEN NAME: Harriett Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No; (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: E. S. S. H. records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Senility — Interval Between Onset And Death: 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive cardio-vascular disease — 2 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senile psychosis, simple deterioration — 2 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/19, 1952, to 12/2, 1952, that I last saw the deceased alive on 12/2, 1952, and that death occurred at 5:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert H. Reddick, M.D. ADDRESS Eastern Shore State Hospital Cambridge Maryland DATE SIGNED 12/2/52

23. BURIAL, CREMATION, REMOVAL (Specify); DATE THEREOF 12/5/52; NAME OF CEMETERY OR CREMATORY Evergreen Cemetery; LOCATION (City, town, or county) (State) Worcester County

DATE REC'D BY LOCAL REGISTRAR 12-2-52; REGISTRAR'S SIGNATURE John Mace Jr. M.D.

24. FUNERAL DIRECTOR Anna A. Burage ADDRESS Berlin Md.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 1694

CERTIFICATE OF DEATH

Reg. Dist. No. (W) ...

1. PLACE OF DEATH:

COUNTY Dorchester — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge

LENGTH OF STAY (in this place): 37 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 123 West End Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Dor.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge

STREET ADDRESS (If rural give location): 123 West End Avenue

3. NAME OF DECEASED: (Type or Print) (First) HATTIE (Middle) LORD (Last) MAXWELL

4. DATE OF DEATH: (Month) DEC (Day) 30 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	3-31-1869	83 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Newark, N.Y.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edmund E. Lord	Mary Witeny

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Miss. Ruth Maxwell: Cambridge, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) FIRST DEGREE HEART BLOCK — 6 MOS.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO GENERALIZED ARTERIOSCLEROSIS — 10 YEARS

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947 to 29 Dec. 1952 that I last saw the deceased alive on 29 Dec 1952 and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title): Walter E. Young Jr M.D. — ADDRESS: Cambridge Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-1-1953	Dorchester Memorial Park	Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1-1-53 — REGISTRAR'S SIGNATURE: John Mace Jr MD

24. FUNERAL DIRECTOR: LeCompte Funeral Service — ADDRESS: Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

14495

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md.-Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge, Md.
STREET ADDRESS (If rural, give location) Mace's Lane

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) S. (Last) McCready

4. DATE OF DEATH: (Month) Dec. (Day) 21 (Year) 1952

5. SEX: male — 6. COLOR OR RACE: Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: Dec. 23, 1940 — 9. AGE last birthday: 11 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Cambridge, md.
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Edward S. McCready
14. MOTHER'S MAIDEN NAME: Rose Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Rose Johnson Mace Lane, Camb, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

41 X **Immediate cause** (a) CEREBRAL HEMORRHAGE — Interval Between Onset and Death: 2 Hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) CONVULSIVE SEIZURES. — 6 days-
(c) PNEUMONIA LOBAR — 6 days.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: EPILEPSY DUE TO BIRTH INJURY — 11 YRS.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: CEREBRAL PALSY
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/5, 1952, to 12/21, 1952, that I last saw the deceased alive on 12/21, 1952, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE W. J. Lewis (Degree or title) M.D. ADDRESS Cambridge Md DATE SIGNED 12/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Dec. 24, 1952
NAME OF CEMETERY OR CREMATORY: Beech Ground Nazarene Crapland
LOCATION (City, town, or county) (State): Crapo, Md

DATE REC'D BY LOCAL REG.: 12-23-52
REGISTRAR'S SIGNATURE: John Mace Jr MD
24. FUNERAL DIRECTOR: Lewis H. Baynum — ADDRESS: 201 Wash. St. Camb., md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14496 1/6

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Dorchester — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cambridge
LENGTH OF STAY (in this place): 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hurlock
STREET ADDRESS (If rural give location): Academy Avenue

3. NAME OF DECEASED: (First) Edna (Middle) Wright (Last) Myers
4. DATE OF DEATH: (Month) December (Day) 20 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: August 15, 1889
9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Dorchester County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Kennerly J. Wright
14. MOTHER'S MAIDEN NAME: Mary Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Dr. G.Roger Myers,Jr., El Cajon, California

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Myocardial Failure — 15 min.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Carcinoma of Stomach with — 6 mo+
DUE TO
(c) Generalized Carcinomatosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-30-52
19b. MAJOR FINDINGS OF OPERATION: Ca of Stomach Inoperable
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-8, 1952, to 12-20, 1952, that I last saw the deceased alive on 12-19, 1952, and that death occurred at 5 a.m. from the causes and on the date stated above.
SIGNATURE (Degree or title): Edward L. Wolfrud — ADDRESS: Cambridge, Md — DATE SIGNED: 12-21-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 23, 1952
NAME OF CEMETERY OR CREMATORY: Washington Cemetery
LOCATION (City, town, or county) (State): Hurlock, Maryland
DATE REC'D BY LOCAL REGISTRAR: December 22, 1952
REGISTRAR'S SIGNATURE: Margaret L. Frampton
24. FUNERAL DIRECTOR: J.J.Framptom and Son, Federalsburg, Md. — ADDRESS

1/5/53 John Mac, Jr. M.D.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14497

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) since 11/29/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Alfred (Last) Nicholson
4. DATE OF DEATH: (Month) December (Day) 22 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept. 28, 1885
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: O. H. Wilson - House Wiring
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Nicholson
14. MOTHER'S MAIDEN NAME: Mary Ann Dickerson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Eastern Shore State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.1 Immediate cause	(a) Arteriosclerotic Cardio-vascular Disease	5 yrs.plus
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Generalized Arteriosclerosis	5 yrs.plus
	DUE TO (c) Chronic Myocarditis	5 yrs.plus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome associated with Cerebral Arteriosclerosis, with psychotic reaction — 1 yr. plus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/29, 1952, to 12/22, 1952, that I last saw the deceased alive on 12/22, 1952, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

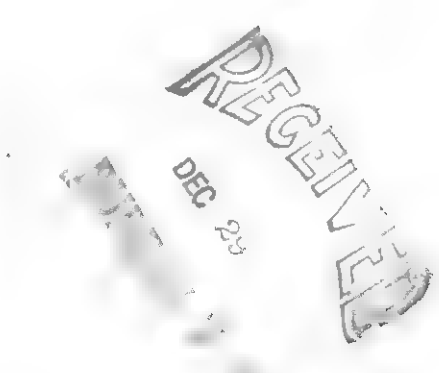
SIGNATURE Robert H. Reddick (Degree or title) M.D. ADDRESS State Hospital, Cambridge, Md. DATE SIGNED 12/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec. 24/52 NAME OF CEMETERY OR CREMATORY Whatcoat Methodist LOCATION (City, town or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-23-52 REGISTRAR'S SIGNATURE John S. Mace Jr. M.D.

24. FUNERAL DIRECTOR Riley & Dennis ADDRESS Snow Hill, Md

VS. A15


RECEIVED
DEC 23

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

15045

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Secretary
LENGTH OF STAY (in this place): 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Secretary
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Doris (Middle) Ruth (Last) Noble

4. DATE OF DEATH: (Month) 12/31 (Day) (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 8/27/1912

9. AGE last birthday: 40 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ollie Loud

14. MOTHER'S MAIDEN NAME: Jennie Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ollie Loud, Secretary, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) ~~Uremia~~ Glomerulo nephritis — DUE TO — Interval between onset and death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Pulmonary Tuberculosis — DUE TO — Interval between onset and death: 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/27, 19 52 to 12/31, 19 52 that I last saw the deceased alive on 12/31, 19 52 and that death occurred at 8:40 A m., from the causes and on the date stated above.

SIGNATURE: Lawrence Maryanov (DEGREE OR TITLE) M.D. ADDRESS: Cambridge, Md. DATE SIGNED: 1/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1/4/1953

NAME OF CEMETERY OR CREMATORY: East New Market

LOCATION (City, town, or county) (State): East New Market Dor. Md.

DATE REC'D BY LOCAL REG.: 1/3/53

REGISTRAR'S SIGNATURE: Elizabeth C. Smith

24. FUNERAL DIRECTOR ADDRESS: Ruth L. Willoughby, East New Market, Md.

FEB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11498

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Camb. Md. Hosp.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Madison, Md.
STREET ADDRESS (If rural give location) RFD.

3 NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) F (Last) Epher

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 15 1890

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Madison, Md.

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Thomas Dixon

14. MOTHER'S MAIDEN NAME: Mary J. Kane

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 44 3X Hypertensive Cardio-Vascular Heart Disease — Interval Between Onset And Death: 1 yr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension — 2 yrs.
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2-2, 1952, to 12-23, 1952, that I last saw the deceased alive on 12-23, 1952, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harold M. Wilson, M.D. ADDRESS 224 Race St. Camb. Md. DATE SIGNED 12-26-1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 28, 1952 — NAME OF CEMETERY OR CREMATORY Madison Cemetery — LOCATION (City, town, or county) Madison, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-29-52 — REGISTRAR'S SIGNATURE John Mace Jr Med

24. FUNERAL DIRECTOR Lewis H. Baynum — ADDRESS 201 Washington St. Camb. Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Cambridge
LENGTH OF STAY (in this place) 3 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Queen Anne's COUNTY
STATE Maryland
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Grasonsville
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) HENRY (Last) PARKS

4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 12/19/67

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): oysterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Parks

14. MOTHER'S MAIDEN NAME: Emiline Evans

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Eastern Shore State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1

Immediate cause (a) Senility

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardiovascular Disease

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 7, 1952, to Dec. 3, 1952, that I last saw the deceased alive on Dec. 3, 1952, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Witold V. Winiarz M.D. ADDRESS E.S.S.H., Cambridge, Md. DATE SIGNED 12/3/52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 12/7/52 NAME OF CEMETERY OR CREMATORY Chesterfield. LOCATION (City, town, or county) Centreville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-4-52 REGISTRAR'S SIGNATURE John Macgowan MD

24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill, Md.

VS. A15

RECEIVED
DEC 5
BUREAU V. S.

14500

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Willis St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) 217 Willis St.

3. NAME OF DECEASED (Type or Print): (First) Jno. (Middle) J. (Last) Peters
4. DATE OF DEATH: (Month) Dec. (Day) 30 (Year) 1952

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 1-12-1910 | 9. AGE last birthday: 42 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist | 10b. KIND OF BUSINESS OR INDUSTRY: Shipyard | 11. BIRTHPLACE (State or foreign country): U.S.A. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Peters | 14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: -- | 17. INFORMANT AND ADDRESS: Mrs. John Peters: Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage [illegible] — Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun shot wound of heart.

(c)

Eqplt

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home | (CITY OR TOWN): Cambridge | (COUNTY): Dor. | (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 30 - 2 a. m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Shot self with rifle.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐ homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) ADDRESS: Dorchester Co. Medical Examiner Cambridge, Md. DATE SIGNED: 1-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 1-1-53 | NAME OF CEMETERY OR CREMATORY: Dor. Mem. Park | LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG. 1-1-53 | REGISTRAR'S SIGNATURE [illegible], Jr., M. D. | 24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

VS. A-16A

RECEIVED
JAN 7 ;
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH 14501

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market | LENGTH OF STAY (in this place) 80 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorch.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market - Rural
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) White (Last) Phelps
4. DATE OF DEATH: (Month) 12 (Day) 14 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 4/4/1871
9. AGE last birthday: 81 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Levin Francis P. Phelps
14. MOTHER'S MAIDEN NAME: Stephenia Preston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Mrs. Pearl Phelps-E. New Mkt. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cervical Carcinomatosis

199.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Val Heart Disease

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1952, to Dec 14, 1952, that I last saw the deceased alive on Dec 12, 1952, and that death occurred at 3:30 P.M. m., from the causes and on the date stated above.

SIGNATURE Ira Slatte (Degree or title) M.D. ADDRESS Cambridge Md. DATE SIGNED 12-15-1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/16/52 — NAME OF CEMETERY OR CREMATORY East New Mkt. — LOCATION (City, town, or county) East New Market, Dorch. Co. (State) Md.

DATE REC'D BY LOCAL REG. 12-22-52 — REGISTRAR'S SIGNATURE Mrs. Elizabeth Andrews — 24. FUNERAL DIRECTOR H. B. Hellowgate — ADDRESS East New Market Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14502

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Wingate
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: P.O.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Dor.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Wingate
STREET ADDRESS (If rural give location): P.O.

3. NAME OF DECEASED: (Type or Print) (First) AIGIE (Middle) ELLEN (Last) PRITCHETT

4. DATE OF DEATH: (Month) DEC (Day) 29 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1-10-1871

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert J.W.Powley

14. MOTHER'S MAIDEN NAME: Rebecca Parks

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Frederick W. Pritchett : Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15 X

Immediate cause (a) Carcinoma of small bowell — Interval Between Onset And Death: under.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized — undet.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 22, 1952, to Dec 29, 1952, that I last saw the deceased alive on Dec 22, 1952, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Alfred R. Mangano M.D — ADDRESS: 136 Race St, Cambridge — DATE SIGNED: 12-30-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-31-1952 — NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12-31-52 — REGISTRAR'S SIGNATURE: John Meaje M.D

24. FUNERAL DIRECTOR AND ADDRESS: LeCompte Funeral Service, Cambridge, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH 11503

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 117 High Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 117 High Street

3. NAME OF DECEASED (Type or Print): (First) Wendell (Middle) Holmes (Last) Pusey
4. DATE OF DEATH (Month) (Day) (Year): Dec. 26, 1952 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 26, '18
9. AGE last birthday: 34 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman Sears, Roebuck Store
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Princess Anne, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: A. Gorman Pusey
14. MOTHER'S MAIDEN NAME: Mildred Brittingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs. Rhodesa S. Pusey, 117 High St., Cambridge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 2 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Mace Jr. (Degree or title) Medical Examiner ADDRESS Dorchester County Cambridge Md. DATE SIGNED 12-27-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 28, 1952
NAME OF CEMETERY OR CREMATORY: Dorchester Mem. Park
LOCATION (City, town, or county) (State): Cambridge, Md.

DATE REC'D BY LOCAL REG. 12-27-52
REGISTRAR'S SIGNATURE John Mace Jr. MD
24. FUNERAL DIRECTOR ADDRESS: Kenneth R. Thomas, Cambridge, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

14504

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 70 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 113 Willis St.
STREET ADDRESS (If rural give location) Cambridge

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Washington (Last) Robbins

4. DATE OF DEATH: (Month) Dec. (Day) 29, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Oct. 29, 1880

9. AGE last birthday: 72 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life. (Do not use retired)
Ret. Chesapeake Bay Capt. of Sailing Vessel

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: S. Washington Robbins

14. MOTHER'S MAIDEN NAME: Laura Thomas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Eva Robbins, 113 Willis St., Camb. Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cerebral Thrombosis	10 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral Arteriosclerosis	Years.
	DUE TO (c) Generalized Arteriosclerosis	Years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	Years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/8, 1952, to 12/29, 1952, that I last saw the deceased alive on 12/29, 1952, and that death occurred at 12:00 noon from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George L. Barton Jr. M.D. 104 Locust St. Cambridge Md. 12/30/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 31, 1952
NAME OF CEMETERY OR CREMATORY Christ Churchyard
LOCATION (City, town, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REGISTRAR 12-31-52
REGISTRAR'S SIGNATURE John Mace Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS Kenneth R. Thomas, Camb.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11505

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg - Rural
LENGTH OF STAY (In this place): Instant
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Williamsburg Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Delaware — COUNTY: Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Seaford - Rural
STREET ADDRESS (If rural, give location): Near Hearnie Mill

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Herman	Ross	December	13	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Widowed	August 15, 1914	38 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Day Laborer	Saw Mill	Caroline County, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Caleb Ross	Hattie Ricketts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	Unknown	Laura Mae Ross, Seaford, Del., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) asphixia due to drowning	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral concussion	5 min
873.4	(c) Alcoholism acute	days/hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Public Road.	Near Federalsburg	Dorchr Co	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Dec 16 52 9:30p.m.		Auto accident Deceased fell into ditch of water

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Eldridge K. Wolfe M.D. Asst Deputy Medical Examiner	Cambridge, Dorchester County	12-17-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 17, 1952	Federal Hill Cemetery	Federalsburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 17-1952	Charles Hastings	J.J. Framptom and Son,	Federalsburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14506

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) - (Last) SCOTT

4. DATE OF DEATH: (Month) DEC (Day) 23 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1882

9. AGE Last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Fishing Indust.

11. BIRTHPLACE (State or foreign country): Deals Island, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Scott

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: not known

17. INFORMANT & ADDRESS: William Scott: Toddville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 8 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary Heart Disease — 2 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16, 1952 to 12/23 1952 that I last saw the deceased alive on 12/23, 1952, and that death occurred at 10.15 PM from the causes and on the date stated above.

SIGNATURE Laurence Maryanow (Degree or title) M.D — ADDRESS Cambridge, Md — DATE SIGNED 12/26/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-26-1952 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 12-23-52 — REGISTRAR'S SIGNATURE John Mace Jr MD

24. FUNERAL DIRECTOR ADDRESS — Le Compte Funeral Service, Cambridge, Maryland

VS/A15

DEC 29
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 14507

CERTIFICATE OF DEATH

Reg. Dist. No. 116

VS. A15.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) Crittington (Last) Sego

4. DATE OF DEATH: (Month) Dec. (Day) 24 (Year) 19 1952

5. SEX: M

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Dec. 11. 1872

9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jasper Sego

14. MOTHER'S MAIDEN NAME: Melinda Jane Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Records of the Eastern Shore State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Senility

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardio-Vascular Disease — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9. 1. ,19 52 to 12. 23 , 19 52, that I last saw the deceased alive on 12. 23 , 19 52, and that death occurred at 1 a.m. , from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Witold V. Winiarz M.D. (12.24.52.) Eastern Shore State Hosp. Cambridge Md. 12.24.52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 12/27/52 NAME OF CEMETERY OR CREMATORY Chesterlawn LOCATION (City, town, or county) Chesterlawn (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-24-52 REGISTRAR'S SIGNATURE John Mauzy MD

24. FUNERAL DIRECTOR Edgar L. Kane ADDRESS Church Hill Md.

RECEIVED
DEC 29

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14508

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Cambridge
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 116 Locust St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 116 Locust St.

3. NAME OF DECEASED: (Type or Print) (First) Maud (Middle) Webster (Last) Simmons

4. DATE OF DEATH: (Month) Dec (Day) 8, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 12, 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Geo. A. Webster

14. MOTHER'S MAIDEN NAME: Cornelia White

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Howard W. Simmons, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 3 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis — 3 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25, MAY 1951, to 8 DEC, 1952, that I last saw the deceased alive on 8 DEC, 1952 and that death occurred at 9:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title) Walter E. Hurley MD — ADDRESS 105 Church St Cambridge MD — DATE SIGNED 10 DEC 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec, 10, '52 — NAME OF CEMETERY OR CREMATORY Cambridge Cemetery — LOCATION (City, town, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REGISTRAR 12-11-52 — REGISTRAR'S SIGNATURE John Macey Jr MD

24. FUNERAL DIRECTOR, ADDRESS Kenneth R. Thomas, Camb.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14509

Reg. Dist. No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—8

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hurlock — LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ida (Last) Stanley

4. DATE OF DEATH: (Month) Dec (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: aug 25 1897

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: same

11. BIRTHPLACE (State or foreign country): md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Manship Thompson

14. MOTHER'S MAIDEN NAME: Sarah Briggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S ADDRESS: Myrtle Toulson Hurlock md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260X

Immediate cause (a) General Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs +

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Diabetes Mellitus — 5 yrs +

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia — 5 yrs +

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 7 1949 to Dec. 1952, that I last saw the deceased alive on Dec 23, 1952, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE W C Harrison MD (DEGREE OR TITLE) ADDRESS Hurlock Md DATE SIGNED 12/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Dec 29 1952 — NAME OF CEMETERY OR CREMATORY Hurlock — LOCATION (City, town, or county) Hurlock — (State) Md

DATE REC'D BY LOCAL REG. Dec 29-1952 — REGISTRAR'S SIGNATURE Chas H Hastings

24. FUNERAL DIRECTOR E. B. Wilson Hurlock Md — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14510

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) M. (Last) WAGNER

4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 1952

5. SEX: M

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: 3.23.1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chestertown, Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William Wagner

14. MOTHER'S MAIDEN NAME: Annie Maslin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Records of the Eastern Shore State Hosp.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary insufficiency — Interval Between Onset And Death: a few minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Cardio-Vascular Disease — years

DUE TO (c) Myocarditis, chronic — "

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility, Psychosis. — "

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.1., 1952 to 12.29., 1952, that I last saw the deceased alive on 12.29, 1952, and that death occurred at 8.35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Witold V. Winiarz M.D. ADDRESS Eastern Shore State Hospital DATE SIGNED 12.29.52.

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 1/2/53 — NAME OF CEMETERY OR CREMATORY Wesley Chapel — LOCATION (City, town, or county) Rock Hall (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-30-52 — REGISTRAR'S SIGNATURE John Mace Jr. MD

24. FUNERAL DIRECTOR Edgar R. Lane — ADDRESS Church Hill Md.

VS. 115

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 14511

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
LENGTH OF STAY (in this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland CO Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Elizabeth (Last) Wheatley

4. DATE OF DEATH: (Month) December (Day) 12 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: October 10, 1860

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Turpin W. Neal

14. MOTHER'S MAIDEN NAME: Henrietta A. Hackett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Jackson Wheatley, Philadelphia, Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Inanition — Interval Between Onset And Death: 1 Month+

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO senility — 5 yrs +

(c)

794+

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 1, 1952 to Dec 12, 1952 that I last saw the deceased alive on Dec 11, 1952, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE W C Harrison (Degree or title) M. D. ADDRESS Hurlock, Maryland DATE SIGNED Dec. 16, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec. 16, 1952 NAME OF CEMETERY OR CREMATORY Saint Paul Cemetery LOCATION (City, town, or county) Near Williamsburg, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Dec. 16-1952 REGISTRAR'S SIGNATURE Chas W Hastings

24. FUNERAL DIRECTOR ADDRESS J.J. Frampton and Son, Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-12

Item 18 Film G149 1-5-53 ams

14512

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Golden Hill
LENGTH OF STAY (In this place) 1 Yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) W. (Last) Woolford

4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 13, 1886

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Golden Hill, Md.

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Joseph Woolford

14. MOTHER'S MAIDEN NAME: Cathrine Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS: South Woolford Church Creek, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1

Immediate cause (a) Terminal carcinoma

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary site: left femur

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15, 1952, to 12-6, 1952, that I last saw the deceased alive on 12-6, 1952, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE: L. E. Bradley (Degree or title) MD ADDRESS 232 Cedar St. Cby. Md. DATE SIGNED 12-8-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9 Dec. 1952 — NAME OF CEMETERY OR CREMATORY: Golden Hill Cemetery — LOCATION (City, town, or county) (State): Golden Hill, Md.

DATE REC'D BY LOCAL REG. 12-9-52 — REGISTRAR'S SIGNATURE: John Mace Jr. MD

24. FUNERAL DIRECTOR: Lewis N. Bozman — ADDRESS: 201 Woods St. Cambridge, Md.

RECEIVED
DEC 10 1923
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14513

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge - Rural
STREET ADDRESS (If rural give location) Near Airey's

3. NAME OF DECEASED: (Type or Print) (First) Gladys (Middle) Virginia (Last) Young

4. DATE OF DEATH: (Month) December (Day) 6 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 5, 1915

9. AGE last birthday: 37 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Woolford

14. MOTHER'S MAIDEN NAME: Mamie Hopkins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-01-1335

17. INFORMANT & ADDRESS: Alvin Young, Cambridge, Md., R.F.D.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Toxic Myocarditis — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Virus Pneumonitis and Bronchopneumonitis — 3 wks
DUE TO (c)

4927

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/16, 1952 to 12/6, 1952, that I last saw the deceased alive on 12/6, 1952, and that death occurred at 4 p.m., from the causes and on the date stated above.

SIGNATURE John Mac Jr. M.D. (Degree or title) — ADDRESS Cambridge Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 9, 1952 — NAME OF CEMETERY OR CREMATORY: Salem Cemetery — LOCATION (City, town, or county) (State): Salem, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12-9-52 — REGISTRAR'S SIGNATURE: John Mac Jr. MD

24. FUNERAL DIRECTOR — ADDRESS: J.J. Framptom and Son, Federalsburg, Md.

VS. A15

RECEIVED
DEC 21 19
BUREAU V. S.